

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025501
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1869

FILED JUL 2 1962

VS 300
Rev. 4/59

14002

24042

3

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 2-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

St Louis Co. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St Louis

c. CITY OR TOWN

Valley Park

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

442 Meramec Station Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Marion

Middle

Ray

Last

Jones

4. DATE OF DEATH

Month

6

Day

22

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-29-07

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10b. KIND OF BUSINESS OR INDUSTRY

Chrysler Corp.

11. BIRTHPLACE (City and state or country)

Washington, Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

O.M. Jones

13b. MOTHER'S MAIDEN NAME

Jane Allison

14. NAME OF HUSBAND OR WIFE

Virginia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT

Valley Park, Mo.

Mrs Virginia Jones 442 Meramec Station

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown natural causes
(probably coronary)

INTERVAL BETWEEN ONSET AND DEATH

Unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ 1:28 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

6/26/62

23a. BURIAL, CREMATION, or REMOVAL (Specify)

Removal

DATE

6-23-1962

23c. NAME OF CEMETERY OR CREMATORY

Aikmans Creek Cemetery

23d. LOCATION (City, town, or county)

Washington

Indiana

24. FUNERAL DIRECTOR

ADDRESS

Bopp Chapel Kirkwood 22 Mo.

25. DATE RECD. BY LOCAL REG.

6-23-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. McLeod Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting: -1- -2-

If this body is not embalmed, fact should be so stated above.